

PURCHASE ORDER NO 0001118616

Purchasing: (916)568-3071 * FAX (916) 568-3145

LRCCDpurchase@losrios.edu

Accounting Ops: (916)568-3065 * FAX (916) 286-3636 Acctg-ops@losrios.edu

PLEASE SEE TERMS AND CONDITIONS APPENDED TO THIS PO

Supplier: 0000003682 MISSION COLLEGE

REGIONAL TESTING CENTER

3000 MISSION COLLEGE BLVD MS 19

SANTA CLARA CA 95054

Phone: (408) 855-5216 **Fax:** (408) 855-5213

email:

| Date | Revision | Page |
|------------|-------------------|-----------------|
| 11/10/2021 | L | 1 |
| Payment Te | rms Freight Terms | Ship Via |
| NET 30 | Shipping Point | Best Method |
| Reference: | | Location / Dept |
| 1033335 ME | SAC ROUILLERS | 04CVDH144 |

Ship To: FOLSOM LAKE COLLEGE

RECEIVING

10 COLLEGE PARKWAY FOLSOM CA 95630 United States

Bill To: LRCCD

Invoice to: acctg-ops@losrios.edu

1919 Spanos Court

Sacramento CA 95825-3981

United States

Sub Total Amount

Sales Tax Amount

Total PO Amount

1,900.00

1,900.00

0.00

Tax Exempt? N

| Tax Exempt: 11 | | | | | |
|----------------|-----------------------------------|--------------|----------|--------------|------------|
| Line-Sch | Item/Description | Quantity UOM | PO Price | Extended Amt | Due Date |
| 1- 1 | CNA EXAM: WRITTEN AND SKILLS EXAM | 19.00EA | 100.00 | 1,900.00 | 11/24/2021 |

PRE-PAY INVOICE# FLCW11-21

PAID

CHECK #: 0094821825

DATE: 11/12/21

AMOUNT \$: 1900.00

VOUCHER #: 00613192

<u>BU Acct Fd Org Prog Sub Proj Amount BYear</u> GENFD 7334 12 FL.VI.ALHT 12303 00000 696H 1.900.00 2022

0001033335CHAVEZA09-NOV-2021

Verification of this purchase order can be made using the Los Rios Community College District web site listed below. If you have any questions, please contact the Purchasing Office at (916)568-3071.

http://www.losrios.edu/purchasing/povalidation

All shipments, invoices, and correspondence must be identified with our Purchase Order Number. Overshipments will not be accepted unless authorized by Buyer prior to shipment.

Authorized Signature

Notice to vendor: You are responsible for delivering good and delivery documents to the Receiving Department at the site. Failure to so do will delay payment processing. Vendor is responsible for obtaining verification of delivery by authorized Receiving Room personnel. Receipt of good by other parties and failure to obtain authorized signatures may also delay payment. NOTE: PAYMENT TERMS NET 30 MATERIAL SAFETY DATA SHEETS (MSDS) must be provided with the delivery of product as required by law.

Requisition

Supplier: MISSION COLLEGE

REGIONAL TESTING CENTER 3000 MISSION COLLEGE BLVD MS 19

SANTA CLARA CA 95054

United States

(408) 855-5216 Phone:

Fax: (408) 855-5213

email:

Ship To: **RECEIVING**

10 COLLEGE PARKWAY FOLSOM CA 95630

0000003682

Business Unit: GENFD OPEN Req ID: Date

Page 0001033335 11/08/2021

Requisition Name:

Mission College_CNA Exam-CM

Requester Colleen Mesa Requester Signature

Buyer: Brenda Haney

Approved:

08-NOV-2021 Entered By: MESAC

| Line-Schd | Description | Quanti | y UOM | Price | Extended Amt Due Date |
|-----------|-----------------------------------|--------|-------|--------|-----------------------|
| 1-1 | CNA EXAM: WRITTEN AND SKILLS EXAM | 19 | EA | 100.00 | 1,900.00 |

1,900.00 Sub-total 0.00 Est. tax

Total Requisition Amount: 1,900.00

PREPAY ATTACHED INVOICE FLCW11-21 PLEASE SET-IP 2 WAY MATCH

Please make check payable to: Northern Regional Testing Center/ atten: Anita Roman

Mission College

3000 Mission College Blvd. MS 19

Santa Clara, CA 95054 invoice: #FLCW11-21

<u>BU</u> <u>Acct</u> <u>Org</u> Prog Sub <u>Proj</u> **Amount** FL.VI.ALHT 12303 00000 GENFD 696H 1,900.00

Purchases Charged to Catagorical Programs, Grants or Special Project.

Program Name: Rupe Foundation

Project Grant: 696H

Program Director: Vicky Maryatt

Program Goal: Obj. 2 support of exam fees

| Approval Signature | Approval Signature | Approval Signature |
|--------------------|--------------------|--------------------|
| | | |

Health Workforce Initiative

INVOICE



SOLD TO:

Date: <u>11/05/2021</u>

Invoice#FLCW11-21

Name: Folsom Lake College

C/O Mesa, Colleen

Address: 10 College Parkway

Folsom, Ca 95630

Phone: (916) 608-6927

Email: MesaC@flc.losrios.edu

PAY TO:

Northern Regional Testing Center

Mission College 3000 Mission College Blvd. MS 19 Santa Clara, CA 95054 Ph (408) 855-5216 Fax (408) 855-5213

| # of test | Description | Amount |
|-----------|--|------------|
| 19 | CNA exam: Written and Skills exam @ 100.00 each exam | \$1,900.00 |
| Total | | \$1,900.00 |

| Last Name Manning | |
|---|---|
| First Name MAY YELIA | |
| Middle Initial | 82" |
| Birthdate: 09/09/1984 | |
| Social Security Number <u>616-82-0003</u> | |
| Name &Location Test Site | |
| Test Site Code Requested Test Date | Note: USE MM/DD/YY FORMAT |
| Training Program Code or CDPH Approval/Sponsor Cod | e <u>S-2053</u> 11/24/2021 |
| Course Completion Date or CDPH Approval Date | Note: USE MM/DD/YY FORMAT |
| Candidate's Mailing Address Address 10128 BYTAN RELLY WAY | :#: |
| Address | IIIL VASA KII III KALIFA III AMARKI KANIS |
| City ENK DYOVE State | CA |
| Zip code 96767 Phon | · (916) 752-7705 |
| Email address Mayella_m@yahoo.com | |
| Take both the Written and Manual Skills Examina | ation \$100 |
| Retake the Written Examination | \$35 |
| Retake the Manual Examination | \$65 |
| Additional Fee for Oral Examination (Audio Cass | ette Tape-English Only) \$15 |
| Rescheduling fee (for each time the examination | is rescheduled) \$25 |
| (Note: Rescheduling fees are required for all rescheduled, cancelle Reschedule Written Examination | ed or missed exams) |
| Reschedule Manual Examination | |

| Last Name | Story | | | |
|------------------------|---|------------|---------------------------|--------------|
| First Name | Halei | | | |
| Middle Initial | | | | |
| Birthdate: | 08/02/1995 | | | |
| | Note: USE MM/DD/YY FORMAT | | | |
| Social Securit | y Number <u>608 84 1951</u> | | | - |
| Name &Locat | ion Test Site | | | _ |
| | | | | |
| Test Site Cod | e Requested Test | Date | | |
| | 2 | | Note: USE MM/DD/YY FORMAT | |
| Training Prog | ram Code or CDPH Approval/Sponso | r Code | 5-2053 | - |
| Course Comp | letion Date or CDPH Approval Date | | 11/24/2021 | |
| | • | | Note: USE MM/DD/YY FORMAT | = |
| | Mailing Address | | * | |
| Address <u>5</u> | 524 Jonesboro way | | 2 | |
| Address _ | | | | |
| City <u></u> | acramento | State | CA | |
| Zip code <u>q</u> | 5835 | Phone | 760 496 8002 | |
| Email address | haxsro ayahoo.com | | | |
| | | | | |
| <u>Take I</u> | ooth the Written and Manual Skills Ex | aminatic | n | <u>\$100</u> |
| Retak | e the Written Examination | | NV | \$35 |
| Retak | e the Manual Examination | | | \$65 |
| Addition | onal Fee for Oral Examination (Audio | Cassett | e Tape-English Only) | \$15 |
| Resch | neduling fee (for each time the examin | ation is | rescheduled) | \$25 |
| (Note: Resched | duling fees are required for all rescheduled, c | ancelled c | r missed exams) | |
| | Reschedule Written Examination | | • | |
| | Reschedule Manual Examination | | | |

| Last Name | Brown | | |
|-----------------|--|---------------------------|---------------|
| First Name | Collin | | |
| Middle Initial | 6 | | |
| Birthdate: | 03/25/00 Note: USE MM/DD/YY FORMAT | | |
| Social Security | 9 Number 605 19 - 0997 | | _ |
| Name &Locati | on Test Site | | _ |
| Test Site Code | e Requested Test Date | Note: USE MM/DD/YY FORMAT | |
| Training Progr | ram Code or CDPH Approval/Sponsor Code | 5-2053 | |
| Course Comp | letion Date or CDPH Approval Date | 11/24/21 | |
| Candidate's M | lailing Address | Note: USE MM/DD/YY FORMAT | |
| Address | 920 Mann Ct. | | |
| Address | | | × |
| City _ | Folsow State | CA | |
| Zip code | 15636 95630 Phone | 916-934-8289 | |
| Email address | collinbr 48 Ogmail.com | | am Til |
| X Take t | ooth the Written and Manual Skills Examina | tion | \$10 <u>0</u> |
| Retake | e the Written Examination | | \$35 |
| Retake | e the Manual Examination | | \$65 |
| Addition | onal Fee for Oral Examination (Audio Casse | ette Tape-English Only) | \$15 |
| Resch | eduling fee (for each time the examination | s rescheduled) | \$25 |
| (Note: Resched | luling fees are required for all rescheduled, cancelled Reschedule Written Examination | d or missed exams) | |
| | Reschedule Manual Examination | | |

| Last Name | Guerra | | |
|------------------------|--|--|--------------|
| First Name | Melinda ' | | |
| Middle Initial | | | |
| Birthdate: | D5121100 Note: USE MM/DD/YY FORMAT | | |
| Social Securit | y Number <u>(016-19-7952</u> | | _ |
| Name &Locat | ion Test Site | | _ |
| Test Site Cod | e Requested Test Dat | Note: USE MM/DD/YY FORMAT | - p |
| Training Prog | ram Code or CDPH Approval/Sponsor Co | ode S-2053 | _ |
| Course Comp | letion Date or CDPH Approval Date | 11/24/21 | _ |
| Candidate's M | failing Address | Note: USE MM/DD/YY FORMAT | |
| Address 1 | 090 Woodcneek Oaks Blyd # | 000 | |
| Address _ | | | _ |
| City R | soseville Stat | e <u>C</u> A | _ |
| Zip code <u>9</u> | 5747 Pho | ne (914) 705-254 | 7 |
| Email address | melinda-querra0521@yahoo. | âm | |
| | ooth the Written and Manual Skills Exami | nation | <u>\$100</u> |
| Retake | e the Written Examination | | \$35 |
| Retake | e the Manual Examination | A HOMELTA REPORTED TO THE STATE OF THE STATE | \$65 |
| <u>Additio</u> | onal Fee for Oral Examination (Audio Cas | sette Tape-English Only) | \$15 |
| Resch | eduling fee (for each time the examination | n is rescheduled) | \$25 |
| (Note: Resched | uling fees are required for all rescheduled, cance Reschedule Written Examination | lled or missed exams) | |
| | Reschedule Manual Examination | | |

| Last Name Xiong | | |
|--|---|-------------|
| First Name Gandy | | |
| Middle Initial | | |
| Birthdate: 00/20/90/ Note: USE MM/DD/YY FORMAT | | |
| Social Security Number 508-89-9433 | | |
| Name &Location Test Site | | _ |
| Test Site Code Requested Test Date | Note: USE MM/DD/YY FORMAT | _ |
| Training Program Code or CDPH Approval/Sponsor Code | 9-2053 | _; |
| Course Completion Date or CDPH Approval Date | 11/24/2021 Note: USE MW/DD/YY FORMAT | _ |
| Candidate's Mailing Address Address 1941 Bell St. #02 | Note: GGE HIMBERT TO STUDY | |
| Address | | |
| City <u>Sauramento</u> State | CA | |
| Zip code 95825 Phone | (209)201-8618 | |
| Email address Sandyx 123 agmail. com | | |
| X Take both the Written and Manual Skills Examinat | on | \$100 |
| Retake the Written Examination | | \$35 |
| Retake the Manual Examination | | <u>\$65</u> |
| Additional Fee for Oral Examination (Audio Casse | te Tape-English Only) | <u>\$15</u> |
| Rescheduling fee (for each time the examination is | rescheduled) | \$25 |
| (Note: Rescheduling fees are required for all rescheduled, cancelled Reschedule Written Examination | or missed exams) | E |
| Reschedule Manual Examination | | |

| Last Name | POSSIHI | | | | |
|----------------|--|-------------------|------------------|---------------------------|-------------|
| First Name | JERLYH. | | | | |
| Middle Initial | k . | _ | | | |
| Birthdate: | Note: USE MM/DD/YY FORMAT | - : | | | |
| Social Secur | ity Number | 268 - 65 -5 | 882 | | N. |
| Name &Loca | ation Test Site | | | | _ |
| Test Site Co | de | _ Requested Te | st Date | Note: USE MM/DD/YY FORMAT | |
| Training Pro | gram Code or CDPF | ł Approval/Spons | sor Code | S-2053 | |
| Course Com | pletion Date or CDP | 'H Approval Date | ı | 11/24/2021 | _ |
| Candidate's | Mailing Address 1704 BAANDメW | ood way | • | Note: USE MM/DD/YY FORMAT | _ |
| Address | | | | | |
| City | EL DORADO H | fills | State | CA | |
| Zip code _ | 95762 | | Phone | 408-856-548 | 2 |
| Email address | kimandnickog | 3030 gmail. | com | | |
| × Take | both the Written and | d Manual Skills E | <u>xaminatio</u> | <u>n</u> | \$100 |
| Reta | ke the Written Exam | ination | | | <u>\$35</u> |
| Reta | ke the Manual Exam | ination | | | <u>\$65</u> |
| Addit | ional Fee for Oral Ex | xamination (Audi | o Cassette | Tape-English Only) | \$15 |
| Reso | heduling fee (for eac | ch time the exam | ination is r | rescheduled) | \$25 |
| (Note: Resche | eduling fees are required Reschedule Writte | | cancelled o | r missed exams) | |
| | Reschedule Manua | al Examination | | | |

| Xic | | total a some statement in the | |
|---------------------------------------|---|--|--|
| Michelle | | | |
| | | | |
| 12/12/95 lote: USE MM/DD/YY FORMAT | | | |
| Number | 603-88-0448 | | |
| n Test Site | ······································ | | |
| R | equested Test Date | | |
| | | Note: USE MM/DD/YY FORMAT | _ |
| m Code or CDPH Ap | proval/Sponsor Code | S-2053 | — 5 |
| tion Date or CDPH A | pproval Date | 11/24/21 | _ |
| uiling Address | | Note: USE MM/DD/YY FORMAT | |
| - | dge Circle | | |
| , | | 1 | |
| acramento | State | California | |
| 95823 | Phone | (650) 781 - 9861 | |
| michellexie 95 @ | egmail.com | | |
| oth the Written and Ma | anual Skills Examinati | on | \$100 |
| the Written Examinat | ion | | \$35 |
| the Manual Examinat | ion | ar Historiaa Haakaa Alaakaa Haakaa H | \$65 |
| al Fee for Oral Exam | ination (Audio Casset | te Tape-English Only) | \$15 |
| duling fee (for each ti | me the examination is | rescheduled) | \$25 |
| | | or missed exams) | |
| resonaudia Militali E | \anninauvii | | |
| | Michelle 12/12/95 Note: USE MM/DD/YY FORMAT Number In Test Site R Im Code or CDPH Appetion Date or CDPH | Michelle 12/12/95 Number 603-88-0448 Test Site Requested Test Date m Code or CDPH Approval/Sponsor Code etion Date or CDPH Approval Date tilling Address 53 Bywell Bridge (ircle acramento State 95823 Phone michelle xie 95@gmail.com oth the Written and Manual Skills Examination the Manual Examination nal Fee for Oral Examination (Audio Casset duling fee (for each time the examination is | Michelle 12/12/95 1000: USE MMIDDITY FORMAT Number 603-88-0448 In Test Site Requested Test Date Note: USE MMIDDITY FORMAT Some Code or CDPH Approval/Sponsor Code S-2053 Stion Date or CDPH Approval Date It 1/24/21 Note: USE MMIDDITY FORMAT Stion Date or CDPH Approval Date It 1/24/21 Note: USE MMIDDITY FORMAT State California 95823 Phone (650) 781 - 9861 Michelle Xie 95 @ gmail. com State Written and Manual Skills Examination the Written Examination the Manual Examination the Manual Examination that Fee for Oral Examination (Audio Cassette Tape-English Only) duling fees are required for all rescheduled, cancelled or missed exams) |

| Last Na | ame | Gill | | | | |
|----------|-------------------------------|---------------------------|-------------------------|-------------|---------------------------|--------------|
| First N | ame | Janelle | | | | |
| Middle | Initial | | | | | |
| Birthda | ite: | 05/13/78 |) | | | |
| | | Note: USE MM/DD/YY FORMAT | | 2-1 | | |
| Social | Security | Number | 572-55-2 | 851 | | _ |
| Name | &Location | on Test Site | | | | |
| Test Si | ite Code | · | Requested Te | st Date | Note: USE MM/DD/YY FORMAT | |
| Trainin | g Progra | am Code or CDF | PH Approval/Spons | sor Code | S-2053 | |
| Course | Comple | etion Date or CD | PH Approval Date | : | 11/24/2021 | |
| Candid | late's Ma | ailing Address | | | Note: USE MM/DD/YY FORMAT | |
| Addres | ss <u>1</u> | 103 Fong | Ct | | <u></u> | |
| Addres | ss | <u> </u> | | | | |
| City | 1 | folsom | | State | CA | |
| Zip cod | de | 15630 | | Phone | 916-397-813(| 0 |
| Email ac | idress _ | 1911916@ | hotmail.com | Μ | | |
| / | | | | | | |
| | Take b | oth the Written a | ind Manual Skills E | xaminatio | n | <u>\$100</u> |
| | Retake | the Written Exa | mination | | ap of the second | \$35 |
| | Retake | the Manual Exa | mination | | | \$65 |
| | Additio | nal Fee for Oral | Examination (Audi | o Cassette | e Tape-English Only) | <u>\$15</u> |
| , | Resche | eduling fee (for e | ach time the exam | ination is | rescheduled) | \$25 |
| (Note: I | Reschedu | lling fees are require | ed for all rescheduled, | cancelled o | r missed exams) | |
| | | Reschedule Writ | ten Examination | | · · | |
| | Reschedule Manual Examination | | | | | |

| Last Name | de Sai | | |
|-----------------|--|--|-------------|
| First Name | Beatriz | <u></u> | |
| Middle Initial | <u>B</u> | | |
| Birthdate: | Ol 22 2002 Note: USE MM/DD/YY FORMAT | | |
| Social Security | Number <u>609 - 31 - 9295</u> | | |
| Name &Location | on Test Site | | |
| | | | |
| Test Site Code | Requested Test Date | - | _ |
| | | Note: USE MM/DD/YY FORMAT | |
| Training Progra | am Code or CDPH Approval/Sponsor Code | S-2053 | _ |
| Course Comple | etion Date or CDPH Approval Date | 11/24/2o21 Note: USE MM/DD/YY FORMAT | _ |
| Candidate's M | ailing Address | NOTE: USE MINISTER TO THE STATE OF THE STATE | |
| Address _2 | 3851 winding way Fair Oaks CA | | |
| Address | | | |
| City _ | Sacramen to State | <u>ca</u> | |
| Zip code | 95628 Phone | (916) 335-4163 | |
| Email address _ | desab 0119 Qyahoo-com | | |
| | • | | |
| ✓ Take b | oth the Written and Manual Skills Examinati | on | \$100 |
| Retake | the Written Examination | | \$35 |
| Retake | the Manual Examination | | \$65 |
| Additio | nal Fee for Oral Examination (Audio Casset | te Tape-English Only) | \$15 |
| The stands | eduling fee (for each time the examination is | | \$25 |
| | uling fees are required for all rescheduled, cancelled | | |
| ` | Reschedule Written Examination | oi misseu exams) | |
| - | Reschedule Manual Examination | | |
| | NESCHEUUIC MAHUAI EXAIIIIIAUUH | | |

Mail application & fees to: Northern Regional Testing Center Mission College HWI 3000 Mission College Blvd. MS 19 Santa Clara, CA 95054

| Last Name | Schwartz | | |
|------------------------|---|---------------------------------------|---------|
| First Name | Alexandra - | | |
| Middle Initial | M | | |
| Birthdate: | 02/12/1991 Note: USE MM/DD/YY FORMAT | | |
| Social Securit | y Number 604 - 56 - 7248 | | _ |
| Name &Locat | ion Test Site | | _ |
| Test Site Cod | e Requested Test Date | Note: USE MM/DD/YY FORMAT | _ |
| Training Progr | ram Code or CDPH Approval/Sponsor Cod | le S-2053 | |
| | letion Date or CDPH Approval Date | 11/24/2021 Note: USE MM/DD/YY FORMAT | |
| Address 4 | failing Address 490 Hood Road | | eta, il |
| Address | Rocklin | California | 7 |
| City _ | 5765 Phon | 210 900 5061 | de A |
| | alexandraschwartz@outlook.com | | |
| | TATE OF THE PARTY | | AH H |
| X Take I | ooth the Written and Manual Skills Examin | ation | \$100 |
| Retak | e the Written Examination | | \$35 |
| Retak | e the Manual Examination | | \$65 |
| Addition | onal Fee for Oral Examination (Audio Cass | ette Tape-English Only) | \$15 |
| Resch | neduling fee (for each time the examination | is rescheduled) | \$25 |
| (Note: Resched | duling fees are required for all rescheduled, cancell Reschedule Written Examination | ed or missed exams) | ¥ * |

Reschedule Manual Examination

| Last Name | Jarwin | w.u | |
|----------------------|--|--|---------|
| First Name | Jarwin Kelly | | |
| Middle Initia | | | |
| Birthdate: | Note: USE MM/DD/YY FORMAT | | |
| Social Secui | rity Number <u>66-40-8901</u> | | ==0 |
| Name &Loca | ation Test Site | No. | _ |
| | | | |
| Test Site Co | de Requested Test Date | Note: USE MM/DD/YY FORMAT | |
| Training Pro | gram Code or CDPH Approval/Sponsor Code | 5-2053 | |
| | pletion Date or CDPH Approval Date | 11/24/21 | |
| | E. Company of the Com | Note: USE MM/DD/YY FORMAT | RI V IÒ |
| | Mailing Address | man de la compania | an et j |
| Address | 1243 Uplands Drive | The second secon | _ |
| Address | | | |
| City | El Dorado Hills State | California | m/Kp |
| Zip code _ | 957(o2 Phone | 916/214-4337 | |
| Email address | jarwin, Kelly @gmail.c | m | n þá n |
| <u> </u> | both the Written and Manual Skills Examination | n | \$100 |
| Reta | ke the Written Examination | | \$35 |
| Reta | ke the Manual Examination | | \$65 |
| Addi | tional Fee for Oral Examination (Audio Cassette | e Tape-English Only) | \$15 |
| Resc | cheduling fee (for each time the examination is | rescheduled) | \$25 |
| (Note: Resch | eduling fees are required for all rescheduled, cancelled o Reschedule Written Examination | r missed exams) | |
| | Reschedule Manual Examination | | |

| Last Name | <u>Calbanas</u> | | | | |
|--------------------------|---------------------------------|----------------|-----------------|----------------------------|----------------|
| First N ame | Mildred. | | | | |
| Middle Initial | | | | | |
| Birthdate: | 12/13/01 | | | | |
| Social Security | Number 354 | -98-229 | 4 | | _ |
| Name &Locati | on Test Site | | | | |
| Test Site Code | R | equested Tes | t Date | Note: USE MM/DD/YY FORMAT | <u> </u> |
| Training Progr | am Code or CDPH Ap | proval/Spons | or Code | 5-2053 | |
| Course Compl | etion Date or CDPH A | pproval Date | | Note: USE MM/DD/YY FORMAT | _ , |
| Candidate's M Address | ailing Address 3616 plymouth | n Dr. | | Note. USE MINIDUITT FORMAL | _ |
| Address | | | | | |
| City _ | North Highlands |) | State | _ CA | |
| Zip code | 95660 | | Phone | (916) 696-9016 | |
| Email address | Mildredca O1 @ Ya | hoo-com | | | |
| X Take b | oth the Written and Ma | anual Skills E | <u>xaminati</u> | on | \$100 |
| Retake | the Written Examinat | ion | | 72 | \$35 |
| Retake | the Manual Examinat | ion | | | \$65 |
| Additio | nal Fee for Oral Exam | ination (Audio | Casset | te Tape-English Only) | \$15 |
| Resche | eduling fee (for each tì | me the exami | nation is | rescheduled) | \$25 |
| • | ling fees are required for a | | cancelled | or missed exams) | |
| | Raschadula Writtan Ev | vamination | | , | |

| Last Name | McCarroner | | | |
|----------------|---|-----------|---------------------------|--------------|
| First Name | Destica | | | |
| Middle Initial | T | | | |
| Birthdate: | OLIOS 1994 Note: USE MM/DD/YY FORMAT | | | |
| Social Securi | ty Number <u>610-74-1872</u> | | | _ |
| Name &Loca | tion Test Site | | | _ |
| Test Site Cod | de Requested Test I | Date | Note: USE MM/DD/YY FORMAT | _ |
| Training Prog | gram Code or CDPH Approval/Sponsor | Code | 5-2053 | _ |
| Course Com | pletion Date or CDPH Approval Date | | Note: USE MM/DD/YY FORMAT | |
| | Mailing Address 165 Bourer Circle | | * | |
| Address _ | | | | |
| City | Folson | State | CA | |
| Zip code _ | 95630 F | Phone | 279-234-30. | 79 |
| Email address | mccarraher essica @ gm | al co | 2017 | _ |
| <u> Take</u> | both the Written and Manual Skills Exa | mination | on | \$100 |
| Reta | ke the Written Examination | | | <u>\$35</u> |
| Reta | ke the Manual Examination | | | <u>\$65</u> |
| Addit | ional Fee for Oral Examination (Audio | Casset | e Tape-English Only) | <u>\$15</u> |
| Reso | heduling fee (for each time the examination | ation is | rescheduled) | \$25 |
| (Note: Resche | eduling fees are required for all rescheduled, ca Reschedule Written Examination | ncelled (| or missed exams) | |
| | Reschedule Manual Examination | | | |

| Last Name | Kim | | | |
|-----------------------|---|----------|--|-------|
| First Name | Faith | | | |
| Middle Initial | K | | | |
| Birthdate: | Note: USE MM/DD/YY FORMAT | | | |
| Social Secur | ity Number 604 - 31 - 0846 | | | _ |
| Name &Loca | tion Test Site | | ogga Wayaa aa | |
| Test Site Cod | de Requested Test Da | ate | | |
| | • | | Note: USE MM/DD/YY FORMAT | |
| Training Prog | gram Code or CDPH Approval/Sponsor C | Code | 5-2053 | |
| Course Com | pletion Date or CDPH Approval Date | | 11/24/2021 | |
| Candidate's | Mailing Address 107 RUSSVIII & COUTE | | Note: USE MM/DD/YY FORMAT | |
| Address | 107 RUSSVIILE COURT | | | |
| City | Foisom Sta | ate | CA | |
| Zip code _ | 95630 Ph | one | 916 500 2338 | |
| Email address | faithkim 211 egmail. (om | | 1 10 | |
| X Take | both the Written and Manual Skills Exam | ninatio | on all | \$100 |
| Retal | ke the Written Examination | | | \$35 |
| Retal | ke the Manual Examination | | | \$65 |
| <u>Addit</u> | ional Fee for Oral Examination (Audio Ca | assett | e Tape-English Only) | \$15 |
| Resc | heduling fee (for each time the examinat | ion is | rescheduled) | \$25 |
| (Note: Resche | eduling fees are required for all rescheduled, cand Reschedule Written Examination | celled o | or missed exams) | |
| | Reschedule Manual Examination | | | |

| Last Name Lapez Gardia | |
|---|-------------|
| First Name Bryan | |
| Middle Initial | |
| Birthdate: 09/03/1998 Note: USE MM/DD/YY FORMAT | |
| Social Security Number 66-08-3665 | _ |
| Name &Location Test Site | _ |
| Test Site Code Requested Test Date | - |
| Training Program Code or CDPH Approval/Sponsor Code 5-2033 | = |
| Course Completion Date or CDPH Approval Date | 2 |
| Candidate's Mailing Address Address 4235 OYMIC WAY | |
| Address | |
| City State A State | |
| Zip code 95636 Phone 966-604-0560 | -11. |
| Email address Lapezbryan 331 Ogmail Com | |
| Take both the Written and Manual Skills Examination | \$100 |
| Retake the Written Examination | <u>\$35</u> |
| Retake the Manual Examination | \$65 |
| Additional Fee for Oral Examination (Audio Cassette Tape-English Only) | <u>\$15</u> |
| Rescheduling fee (for each time the examination is rescheduled) | \$25 |
| (Note: Rescheduling fees are required for all rescheduled, cancelled or missed exams) Reschedule Written Examination | |
| Reschedule Manual Examination | |

| Last Name | Reed | | | |
|------------------|--|-------------|------------------------------------|---------------|
| First Name | MONIQUE | | | |
| Middle Initial | _ A : | | | |
| Birthdate: | 10/03/95 Note: USE MM/DD/YY FORMAT | | | |
| Social Security | Number <u>(024 - 84 - 365</u> | 1 | | 8 |
| Name &Location | on Test Site <u>S-2053</u> | | | |
| Test Site Code | Requested Tes | t Date | Note: USE MM/DD/YY FORMAT | |
| Training Progra | am Code or CDPH Approval/Spons | or Code | | _ |
| Course Comple | etion Date or CDPH Approval Date | | 11/24/21 Note USE MMODON FORMAT | — 9 |
| Candidate's Ma | ailing Address | | | |
| Address <u>9</u> | 157 Colonsay way | | | |
| Address | | | | |
| City <u>S</u> | acramento | State | CA | |
| Zip code 95 | 829 | Phone | (916)671-6660 | W |
| Email address 👖 | noniquerecd2021@gi | mail. | com | |
| | V | | | |
| X Take bo | oth the Written and Manual Skills Ex | xaminati | on | \$100 |
| Retake | the Written Examination | | | \$35 |
| Retake | the Manual Examination | | | \$65 |
| Addition | nal Fee for Oral Examination (Audio | Casset | te Tape-English Only) | \$1 <u>5</u> |
| Resche | eduling fee (for each time the exami | nation is | rescheduled) | \$25 |
| | oling fees are required for all rescheduled, o Reschedule Written Examination | cancelled (| or missed exams) | |
| F | Reschedule Manual Examination | | | |

| Last Nan | ne <u>Chamami</u> | |
|---------------------|--|--------------|
| First Nar | me Shirin | |
| Middle In | nitial | |
| Birthdate | 2: 07/25/2003 Note: USE MM/DD/YY FORMAT | |
| Social Se | ecurity Number 626-39-7681 | _ |
| Name &L | ocation Test Site | |
| Test Site | Code Requested Test Date Note: USE MM/DD/YY FORMAT | 50 |
| Training | Program Code or CDPH Approval/Sponsor Code <u>S-2053</u> | ı |
| Course C | Completion Date or CDPH Approval Date 1\24\202\ Note: USE MM/DD/YY FORMAT | |
| Candidat Address | e's Mailing Address 485 Morgan Court | |
| Address | | |
| City | El Dorado Hills State CA | |
| Zip code | 95762 Phone (916) 413-0731 | |
| Email addr | ess Shirin-ghamami@gmail.com | |
| X I | ake both the Written and Manual Skills Examination | 3 <u>100</u> |
| <u>R</u> | etake the Written Examination | \$35 |
| <u>R</u> | etake the Manual Examination | <u>\$65</u> |
| A | dditional Fee for Oral Examination (Audio Cassette Tape-English Only) | <u>\$15</u> |
| <u>R</u> | escheduling fee (for each time the examination is rescheduled) | \$25 |
| (Note: Res | scheduling fees are required for all rescheduled, cancelled or missed exams) Reschedule Written Examination | |
| - | Reschedule Manual Examination | |

| Last Name (CLOVQL |
|---|
| First Name Marian |
| Middle Initial |
| Birthdate: 0\11312000 Note: USE MM/DD/YY FORMAT |
| Social Security Number 616-17-3365 |
| Name &Location Test Site |
| Test Site Code Requested Test Date |
| Training Program Code or CDPH Approval/Sponsor Code 5-2053 |
| Course Completion Date or CDPH Approval Date \[\lambda \lambda \frac{1202}{\text{Note: USE MM/DD/YY FORMAT} \] |
| Candidate's Mailing Address |
| Address 25 MICAMONTE OC. |
| Address |
| City WOOdland State CA |
| Zip code 95695 Phone 15303304-4545 |
| Email address Marianglorge 13 Q gmail. Com |
| |
| Take both the Written and Manual Skills Examination \$100 |
| Retake the Written Examination \$35 |
| Retake the Manual Examination \$65 |
| Additional Fee for Oral Examination (Audio Cassette Tape-English Only) \$15 |
| Rescheduling fee (for each time the examination is rescheduled) \$25 |
| (Note: Rescheduling fees are required for all rescheduled, cancelled or missed exams) Reschedule Written Examination |
| Reschedule Manual Examination |

| Last Name | Treadway | |
|------------------------|--|----|
| First Name | mistina | |
| Middle Initial | \mathcal{D} | |
| Birthdate: | O1125/82 Note: USE MM/DD/YY FORMAT | |
| Social Securi | ty Number545 - 71 - 0520 | |
| Name &Locat | tion Test Site | |
| Test Site Cod | de Requested Test Date | |
| Training Prog | gram Code or CDPH Approval/Sponsor Code 5-2053 | |
| Course Comp | oletion Date or CDPH Approval Date | |
| | Mailing Address 2640 La Crescenta Dr. Apt #33 | ě: |
| Address _ | | |
| City C | lameron Park State CA | |
| Zip code _ | 95682 Phone (916) 218-844 | C |
| Email address | mistina, treadway@gmail.com | ŝi |
| X <u>Take</u> | both the Written and Manual Skills Examination \$1 | 00 |
| Retak | te the Written Examination \$ | 35 |
| Retak | te the Manual Examination \$ | 65 |
| <u>Additi</u> | onal Fee for Oral Examination (Audio Cassette Tape-English Only) \$ | 15 |
| Resch | neduling fee (for each time the examination is rescheduled) \$ | 25 |
| (Note: Resched | duling fees are required for all rescheduled, cancelled or missed exams) | |
| | Reschedule Written Examination | |